

# **Guidance and Standing Orders for New Hampshire State-Managed COVID-19 Vaccination Clinics**



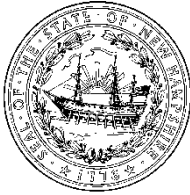
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*New Hampshire Department of Health & Human Services*

*Division of Public Health Services*

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**Interim Guidance for NH State-Managed COVID-19 Vaccination Clinics**  
***Updated: January 4, 2021***

The Regional Public Health Networks (RPHN) and NH National Guard will support the New Hampshire Department of Health and Human Services (DHHS) to vaccinate residents of New Hampshire with the new Coronavirus Disease 2019 (COVID-19) vaccines. In the early phases of vaccine availability, limited vaccine will be targeted to health workers and people at highest risk of severe COVID-19; as vaccine becomes more readily available mass vaccination of the public will be required. This guidance is intended for NH State-managed COVID-19 vaccination clinics and must be followed by clinics operating under the medical direction and standing orders from the State of NH. Other organizations can adopt this guidance and/or modify to fit local organizational context and policies as appropriate.

This guidance will be updated as new information and resources become available, including as new vaccines become available for use under a Food and Drug Administrations (FDA) Emergency Use Authorization (EUA), and after the U.S. Centers for Disease Control and Prevention (CDC) and their Advisory Committee on Immunization Practices (ACIP) provides medical recommendations for appropriate use of the vaccines.

If questions or issues arise during vaccine clinic operations, staff of RPHN vaccination clinics should contact the NH DHHS Immunization Program at 603-271-4482; staff of National Guard vaccination clinics should contact the National Guard COVID-19 Coordinating Office (COO) at 603-271-5980. Any vaccine clinic issues that arise after hours should be directed to the public health nurse on-call at 603-271-5300 (ask for the public health nurse on-call).

**General Guidance:**

Review CDC's [Infection Control Guidance for Healthcare Professionals](#)

All persons involved in handling, preparing or administering COVID-19 vaccine must review the following manufacturer-specific COVID-19 vaccine fact sheets from the FDA:

- Pfizer-BioNTech vaccine: [Fact Sheet for Healthcare Providers Administering Vaccine](#)
- Moderna vaccine: [Fact Sheet for Healthcare Providers Administering Vaccine](#)

**Review CDC's [Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States](#) (Updated 12/30/2020)**

**Review NH DHHS [COVID-19 Vaccine Frequently Asked Questions \(FAQs\) for Health Care Providers and Public Health Partners](#) (Updated 12/31/2020)**

**Face Mask Use:**

- All healthcare providers and staff supporting the COVID-19 vaccination clinic must wear a surgical face mask over their nose and mouth at all times when within the vaccination clinic facility (including in breakrooms and other spaces where they might encounter co-workers), and when outdoors and around other people.
  - Staff should be given routine mask breaks as needed (ideally outside if weather permits) where staff are separated from others and can safely remove (and store) their face mask.
  - Staff must sanitize hands before and after removing and putting on face masks.
  - Avoid touching face or adjust face covering without first sanitizing hands. After touching a person's face or adjusting face coverings, hands must again be sanitized.
- All vaccine recipients (VRs) and visitors to a COVID-19 vaccination clinic who are 2 years of age and older must wear a face mask or cloth face covering over their nose and mouth when within the vaccination facility or outdoors and around other people, unless there is a valid medical or developmental reason a child or adult cannot wear a face mask (per [CDC guidance](#)), or if a young child is unable to be compliant with face mask use even after parents/guardians and staff work to gain compliance.

**Personal Protective Equipment (PPE) During a Vaccine Recipient (VR) Care Encounter:**

- During VR encounters, or when interacting with members of the public, vaccination clinic staff should wear appropriate PPE, including the following:
  - Surgical face mask
  - Eye protection: face shield (preferred) or goggles
  - Gloves are optional for healthcare workers delivering vaccine
- Staff going into a long-term care facility (LTCF) experiencing an outbreak or with concern for facility transmission must follow the PPE guidance and infection control procedures outlined in NH DPHS [Recommendations for Responding to Long Term Care Facility Cases of Coronavirus Disease 2019 \(COVID-19\)](#)
- The above specified articles of PPE should be appropriately donned and doffed (put on and taken off) per CDC [guidance on using PPE](#).
- Masks and face shields can be re-used between VRs as long as they are not contaminated; gloves should be changed in-between VRs.
- Masks should be discarded, at a minimum, at the end of each shift, or if the mask becomes saturated or soiled.

- Face shields and goggles can be re-used and should be cleaned and disinfected at the end of each shift, or if they become soiled/contaminated; gloves should be used when cleaning and disinfecting (see cleaning and disinfection guidance below).
- Healthcare workers should practice hand hygiene immediately before AND after each VR care encounter.

#### **Hand Hygiene:**

- Alcohol-based hand sanitizer should be made readily available at the walk-in facility entrances, exists, throughout the facility, and at points of vaccination. Drive-thru clinics should also have alcohol-based hand sanitizer readily available, especially at points of vaccination for use by staff.
- All staff, visitors, and VRs should be asked to practice hand hygiene upon entry to the facility and upon exiting (even for drive-thru clinics).
- All healthcare personnel delivering vaccination must practice hand hygiene immediately before and after vaccinating each person.
- All staff should frequently perform hygiene throughout the day, including before and after taking a break or eating, before and after restroom use, etc.

#### **Maintaining Social Distancing:**

- Limit and monitor points of entry to the facility.
- Drive through vaccine clinics should have personnel managing traffic flow and ensure roads and entrances/exits are not blocked. VRs and visitors to drive-thru clinics should not get out of their vehicles.
- Limit/avoid unnecessary visitors; each child/minor should be accompanied by only a single parent/guardian, for example, unless others in a family are being vaccinated.
- Assign a person (e.g., a safety officer) to monitor compliance with face mask use, social distancing, clinic flow, etc.
- Maintain a unidirectional flow through the facility so people are entering and exiting through different locations to avoid close contact between VRs and visitors.
- Avoid close physical contact between staff, visitors, and VRs (i.e., avoid people coming within 6 feet of each other) unless delivering vaccine to a VR.
- Check-in and check-out process should avoid physical or prolonged close contact between VRs/visitors and staff. Consider a physical barrier (e.g., a plastic partition or barrier) at check-in/check-out separating staff and VRs, if feasible (more applicable to walk-in clinics).
- Any waiting areas at walk-in clinics should have seating for VRs and visitors spaced 6 feet or more apart. Drive-thru clinics should have people waiting in cars.
- Waiting lines should have clearly demarcated spacing for people to stand/wait 6 feet or more apart.

- Multiple vaccine delivery areas should have appropriate spacing between areas to ensure that staff, VRs, and visitors in one area are not in close contact to people in another vaccination area.

#### **Screening for fever and other symptoms of COVID-19:**

- Each staff member must have their temperature taken and be screened for symptoms of COVID-19, recent diagnosis of active SARS-CoV-2 infection (the novel coronavirus that causes COVID-19), and risk factors for COVID-19 prior to each shift/clinic (see screening questions below) – temperatures and responses to questions do not need to be documented or recorded
- Each VR and visitor entering a clinic (including drive thru clinics) must have their temperature taken and be screened for symptoms of COVID-19, recent diagnosis of active SARS-CoV-2 infection (the novel coronavirus that causes COVID-19), and risk factors for COVID-19 immediately prior, or upon entry, to the facility (see screening questions below) - temperatures and responses to questions do not need to be documented or recorded.
- Staff, VRs, and visitors who screen positive for any new or unexplained symptoms of COVID-19, have recently been diagnosed with COVID-19 and not yet meet CDC criteria for [discontinuation of isolation](#), or who report a travel-related risk factor or close contact to a person with COVID-19 in the prior 10 days should not be allowed into the facility (including for drive-thru clinics) – see NH DHHS [FAQ document](#) for further details and rationale.
- Anybody with new or unexplained symptoms of COVID-19 (including fever of 100.4°F or higher) should be instructed to contact their healthcare provider for COVID-19 testing, or seek out COVID-19 testing any one of the many [options for testing](#) around the State.
- All staff, VRs, and visitors should have their temperature taken with a touchless thermometer prior to entry to the facility and be asked the following screening questions (people can be asked verbally, or provided the questions in writing and asked to identify any “yes” or affirmative answers to the screening questions):
  - Do you have any [symptoms of COVID-19](#) that are new for you, including:
    - Fever, chills, or feeling feverish;
    - Respiratory symptoms such as runny nose, nasal congestion, sore throat, cough, or shortness of breath;
    - General body symptoms such as muscle aches or severe fatigue;
    - Gastrointestinal symptoms such as nausea, vomiting, or diarrhea, or
    - Changes in your sense of taste or smell?
  - Have you recently tested positive for, or been diagnosed with, active COVID-19 in the prior 10 days (and are supposed to be isolating at home)?
  - Have you had close contact with someone who has tested positive for COVID-19 in the prior 10 days? (*Note: healthcare workers caring for COVID-19 patients*)

*while wearing appropriate personal protective equipment should answer “no” because they are not considered to have exposure)*

- Have you traveled in the prior 10 days outside of NH, ME, VT, MA, RI, or CT, including domestically (within the U.S.), internationally (outside of the U.S.) or on a cruise ship?

#### **Cleaning and Disinfection:**

- Review CDC’s cleaning and disinfection guidance under their [Infection Prevention and Control Recommendations for Healthcare Personnel](#) (see “Environmental Infection Control” section), and general community [Cleaning and Disinfecting](#) guidance.
- Commonly touched surfaces should be routinely cleaned and disinfected.
- Shared tools and equipment, especially shared non-disposable medical equipment used during VR care, must be cleaned and disinfected according to manufacturer’s instructions between each VR use.
- Use an [EPA-approved disinfectant](#) effective against the novel SARS-CoV-2 coronavirus (EPA List N disinfectant).
- Use disposable gloves to clean and disinfect.
- Follow manufacturer instructions on PPE use, and application and contact time needed for disinfectant.

#### **Building Ventilation (if applicable):**

- Building ventilation systems should be evaluated to increase room and overall building ventilation to the extent possible. This includes increasing the number of air exchanges, increasing outdoor air ventilation, limiting internal air circulation, and improving central air filtration. Ventilation systems’ filters must be routinely replaced and other necessary maintenance should be performed as needed.

#### **Messaging and Communication:**

- All healthcare workers and supporting staff and volunteers should be informed and educated about the infection control and COVID-19 mitigation measures outlined in this and other supporting guidance documentation.
- VRs and visitors should also be informed (e.g., through use of signage) that they should not enter the facility if they have any symptoms of COVID-19, have traveled outside of New England in the prior 10 days, or been in close contact to someone with COVID-19 in the prior 10 days.
- VRs and visitors should be instructed to wear a face mask, practice hand hygiene, and socially distance upon entering the facility.

#### **Environmental Safety:**

- Clinic managers and safety officers should ensure walkways and drive-up areas are safe and free of ice and snow to prevent slips and falls.

- Vaccination areas in outdoor drive-thru clinics should have space where staff can shelter from weather in a safe, socially-distanced space, and also provide a warm space for breaks and snack/lunch if needed due to cold weather.
- In the case of unsafe inclement weather (e.g., snow storm or Nor'easter), clinics should have plans for cancelling and re-scheduling VRs and have a plan/process in place for notification of staff.

### **Vaccination Clinic Work-Flow:**

- Vaccine recipients (VR) should be screened before registering for an appointment at any COVID-19 vaccine clinic:
  - Screen the VR to ensure they are part of the priority vaccination population.
  - Screen the VR for any vaccine contraindications, precautions, or other specific health conditions that need additional follow-up or evaluation (see “Pre-Registration Screening Questionnaire” for details and recommended actions), including:
    - Contraindications to vaccination
    - Precautions to vaccination
    - Any prior history of anaphylaxis
    - Receipt of passive antibody therapy to treat COVID-19 in the last 90 days
    - Receipt of another vaccine in the last 14 days
    - Severely immunocompromised condition
    - Current pregnancy
  - Provide the necessary documents listed below so the VR has a chance to review before their vaccine appointment.
- Documents that need to be provided to all VR's include:
  - NH DHHS Notice of Privacy Practices
  - Statement notifying the VR that their data entered in the VMS will be shared with the NH Immunization Information System (IIS) and U.S. CDC's Data Clearing House in order to track vaccination locally and nationally; data will be de-identified in the CDC's system (note: VRs are NOT able to opt-out of this data sharing/exchange between data systems).
  - “Information about the COVID-19 Vaccine for Persons with Certain Health Conditions” (if applicable, based on Pre-Registration Screening Questionnaire).
  - FDA COVID-19 vaccine “Fact Sheet for Recipients and Caregivers” (provide the specific fact sheet for the vaccine that will be administered):
    - Pfizer-BioNTech vaccine: [Fact Sheet for Recipients and Caregivers](#) (for other language translations of the Fact Sheet, see the [FDA website](#))



- Moderna vaccine: [Fact Sheet for Recipients and Caregivers](#) (for other language translations of the Fact Sheet, see the [FDA website](#))
  - V-safe information sheet that contains background on the v-safe program and instructions for enrolling; [V-safe](#) is a new smartphone-based tool that uses text messaging and web surveys to check-in with vaccinated individuals to monitor for adverse events after a COVID-19 vaccination; v-safe will also provide second-dose reminders, if applicable.
- Before entry into the COVID-19 vaccination clinic, staff should take the temperature of all VRs and visitors using a touchless thermometer, and ask (or provide in writing) the screening questions above, to which the VR and visitors must provide an answer.
- Upon entry, staff should direct VRs to the registration area where the following should occur:
  - If VR has pre-registered and has a vaccination appointment, then registration staff verify person's information in the Vaccine Management System (VMS) and "check-in" the VR.
  - If VR has NOT pre-registered, then staff register VR on-site in the VMS (it is recommended that fixed-vaccination sites require pre-registration). If registering on-site, the person registering the VR should screen the person for the above contraindications, precautions, and other health conditions using the "Pre-Registration Screening Questionnaire".
  - Provide necessary documents outlined above, if not already provided.
- If the VR has not been given or not reviewed the above information before the clinic, staff should direct the VR to a waiting area to review the provided information before vaccination. After reviewing the information, if the VR elects not to be vaccinated, registration staff should cancel the clinic appointment.
- If VR elects vaccination, staff should direct the VR to the vaccination area where the vaccinator identifies the VR in the "Manage Appointments" section of the VMS.
- Vaccinator should review information entered into the Pre-Vaccination Questionnaire, Recipient Details, and Medical Information sections of the VMS with the VR.
  - Vaccinator should use the "Pre-Vaccination Screening Checklist" to quickly screen/review for any contraindications, precautions or other health conditions.
- If no contraindications, administer the appropriate COVID-19 vaccine per standing order protocols (see attached protocols) using safe vaccination and infection prevention technique.
  - If the vaccine is dose #2, ensure the same brand/manufacturer is administered as dose #1 (i.e., if dose #1 was Pfizer-BioNTech, then dose #2 needs to also be Pfizer-BioNTech)
  - Vaccinators should follow [General Best Practice Guidelines for Vaccine Administration](#).

- Sharps and syringes should be appropriately disposed of in a sharps container immediately after vaccination.
  - Sharps containers should be monitored and replaced when nearing capacity to prevent needle sticks when disposing of sharps.
- “Log Vaccination” and enter the necessary information in the “Vaccine Administration” section of the VMS.
- If VR is registered with the VMS, they will get an automatic reminder e-mail to schedule their second vaccine dose (if applicable) at the appropriate time. If VR doesn’t receive a reminder, they should be encouraged to proactively reach out to schedule a follow-up vaccination appointment on the appropriate date.
- Vaccinator should fill out a “COVID-19 Vaccine Record Card” for the VR documenting the following:
  - VR’s name and date of birth
  - Vaccine clinic site
  - Vaccine manufacturer and lot number
  - Date of vaccination
  - Second dose due date (if applicable)
- Vaccinator should provide the “After Visit Summary (AVS) and Recommendations for Vaccine Recipients” instructions.
- Encourage VRs to enroll in CDC’s v-safe monitoring system.
- Vaccinator should instruct the VR to expect some side effects from the vaccine in the next few days (see AVS), and to contact their primary care provider if they experience any concerning adverse reactions after leaving the vaccine clinic. If a VR doesn’t have a primary care provider, they should seek medical care at a local urgent care or emergency department if they have any concerning signs/symptoms after vaccination, or call 9-1-1 for serious life-threatening symptoms or reactions (e.g., chest pains, difficulty breathing, face or throat swelling, confusion, body rash or hives, etc.).
- After vaccination, the VR should be directed to wait in an observation area for at least 15 minutes after vaccination to ensure there are no immediate serious adverse vaccine reactions (e.g., anaphylaxis) – it is not mandatory that someone wait 15 minutes, but it is strongly recommended. People with a history of severe allergic reaction (e.g., anaphylaxis) due to any cause, or persons with a history of an immediate allergic reaction of any severity (reaction within 4 hours) after receipt of another vaccine or other injectable medication therapy, that does not meet criteria as a contraindication (people with a contraindication should not be vaccinated) should be instructed to wait for 30 minutes after vaccination.
  - Waiting areas should be large rooms (for walk-in clinics) with seating spaced more than 6 feet apart, and everybody must wear masks.
  - For drive-thru clinics, waiting areas should have enough space for cars to park spaced apart so that someone can walk up to a window to check on the person

- without coming within 6 feet of another vehicle (e.g., space waiting vehicles so that every-other space is empty).
  - Clinic staff should monitor the waiting area wearing appropriate PPE and periodically check on VRs.
  - Any adverse vaccine reactions should be managed according to the “Medical Management of Vaccine Reactions” protocols.
- Adverse events should be reported to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or online at <https://vaers.hhs.gov/reportevent.html>.

### **Additional Guidance for Vaccination Clinics in Long-Term Care Facilities:**

- See recommendations below on “COVID-19 Testing for Vaccinators and COVID-19 Vaccine Clinic Staff Entering Long-Term Care and Assisted Living Facilities”
- In order to efficiently provide COVID-19 vaccination to long-term care facility (LTCF) or assisted living facility (ALF) residents, the required information and documents outlined above should be provided prior to a scheduled vaccination clinic, and at least verbal agreement (assent) should be obtained prior to the date of the clinic (written consent is not required). LTCFs/ALFs should assist in sharing of information and obtaining agreement for vaccination.
- This agreement to vaccination should be obtained:
  - Directly and verbally from residents with decision making capacity, or
  - From guardians or a person’s healthcare power of attorney for residents without decision making capacity (e.g., with dementia or other cognitive impairment) – this can be obtained verbally via phone, or in writing via e-mail or fax.
- Prior to a scheduled clinic, LTCFs/ALFs should provide the vaccination clinic staff the list of residents who have agreed, or whose legal surrogates have agreed, to vaccination, and should indicate this on the provided vaccination list. Provide this list by secure fax or e-mail to the appropriate Regional Public Health Network contact.
- The LTCFs/ALFs should document in the resident’s chart or medical record that the required information was provided to residents or healthcare powers of attorney, and that agreement was obtained prior to vaccination.

## **COVID-19 Testing for Vaccinators and COVID-19 Vaccine Clinic Staff Entering Long-Term Care and Assisted Living Facilities (LTCFs and ALFs)**

The guidance below apply to any vaccinator or staff associated with a State-Managed COVID-19 Vaccination Clinic entering a long-term care facility (LTCF) or Assisted Living Facility (ALF) for the purpose of administering the COVID-19 vaccine to staff and/or residents.

Per [Centers for Medicare & Medicaid Services \(CMS\) testing guidance](#), LTCFs must routinely test their staff. Facility staff are defined as “employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility.” The CMS testing requirements also apply to emergency medical services (EMS) personnel and other healthcare providers that render care to residents within the facility (see [American Ambulance Association](#)). While not required, visitors to LTCFs are also encouraged to be tested (see [CMS visitation guidance](#)).

Therefore, NH State-Managed COVID-19 Vaccination Clinic staff and vaccinators are reasonably considered “facility staff” because of their role vaccinating LTCF residents and staff and should be tested for COVID-19 before entering a LTCF/ALF:

- Specimen collection to test for active SARS-CoV-2 infection must occur in the week before a person enters a LTCF/ALF, ideally within 3 days before the vaccination clinic/event, and results should be back before the vaccination clinic occurs.
- For staff that are regularly going into LTCFs/ALFs on a weekly basis, testing should be routine and recurring at least every 7 days.
- Testing should preferentially occur with PCR-based testing due to increased sensitivity and likely lower false-positive rate; however, if PCR testing is not immediately available, antigen testing can be considered if the only options are to not vaccinate (or delay vaccination), or not test staff for COVID-19.
  - For first responders taking part in the First Responder Optional Screening Testing (FROST) program, weekly antigen testing is acceptable to meet the LTCF/ALF vaccination clinic testing requirement.
  - When antigen testing is used, a positive antigen test in an asymptomatic person needs to be confirmed immediately with a PCR-based test, per NH DPHS guidance (see most recent NH DPHS HAN recommendations on antigen testing).
- Regardless of any recent negative PCR- or antigen-based test, any staff identified as symptomatic with new or unexplained [symptoms of COVID-19](#) should immediately isolate, be excluded from entering any facility, and tested for COVID-19.

Staff who have previously tested positive for SARS-CoV-2 infection and/or recovered from COVID-19 and remain asymptomatic do NOT need to be retested for COVID-19 within 3 months of symptoms onset (or positive test date, if asymptomatic). All vaccine clinic staff must follow the other infection control and PPE guidance outlined in the *Guidance for New Hampshire State-Managed COVID-19 Vaccination Clinics*.

## **List of Medical Providers Approved to Administer COVID-19 Vaccine through NH State-Managed Vaccination Clinics**

All persons administering vaccinations through the NH State-managed COVID-19 vaccination clinics should have training and/or experience in administering vaccinations. All persons should be trained in the necessary processes and procedures outlined in this document, and provided vaccination refresher training. Any trainees (e.g., pharmacy interns, nursing students, medical students, etc.), must operate under the supervision of a provider/preceptor in their respective profession who is trained, experienced, and licensed/certified to provide vaccination. Below is a current list of who can be vaccinators in this COVID-19 response. If pharmacists and pharmacy interns are being utilized as vaccinators, that they need to have an “immunization endorsement” which is offered through the NH Office of Professional Licensure and Certification (OPLC).

The following licensed medical providers or trainees are allowed to administer COVID-19 vaccines through NH State-managed COVID-19 vaccination clinics:

**MD** – Doctor of Medicine  
**DO** – Osteopathic Medicine  
**PA** – Physician Assistant  
**DMD** – Doctor of Dental Medicine  
**DDS** – Doctor of Dental Surgery  
**APRN** – Advanced Practice Registered Nurse  
**RN** – Registered Nurse  
**LPN** – Licensed Practical Nurse  
**RMA** – Registered Medical Assistant  
**CMA** – Certified Medical Assistant  
**EMT** - Paramedic  
**Advanced EMT**  
**Pharmacist**<sup>†</sup>  
**Pharmacy interns**<sup>†\*</sup>  
**Nursing and Medical Students**\*

*†Pharmacists and pharmacy interns require an immunization endorsement offered through OPLC.*

*\*Interns and students must operate under the supervision of a provider/preceptor in their respective profession who is trained, experienced, and licensed/certified to provide vaccination.*



## Bureau of Infectious Disease Control

### COVID-19 Vaccination Clinic After Visit Summary (AVS) and Recommendations for Vaccine Recipients

Thank you for getting the COVID-19 vaccine and doing your part to protect yourself, your family, and your community from COVID-19.

**Wait in the clinic area for 15 minutes after getting the vaccine in case you have any immediate side effects to the vaccine. If you have had any type of allergic reaction within several hours (4 hours) after being given another vaccine or injectable medication therapy, or if you have previously had a severe allergic reaction (like anaphylaxis) to anything in the past, you should wait and be monitored for 30 minutes after vaccination.** Serious reactions are rare, but we want to be careful. You can use that time to read this and other papers we gave you.

**You likely will notice some symptoms after vaccination; this means that the vaccine is working and your body is developing protection against COVID-19.** The most common symptoms are pain, redness, and swelling where the vaccine was injected, and some people experience swelling and pain in the armpit on the side where the injection took place. People can also commonly have symptoms like headache, feeling very tired, having muscle or joint pains, feeling sick and throwing up, or even fever and chills. Most of the time these symptoms are mild, start 1-2 days after vaccination, and then go away on their own soon after. You can use acetaminophen or ibuprofen (medications like Tylenol, or Advil or Motrin) to help you feel better if you have any of these symptoms. You should also enroll in CDC's "v-safe" smartphone tool to tell the CDC if you have any side effects after getting the COVID-19 vaccine (you should have received separate instructions about how to sign up). This is important so we can track side effects people may be having from these new vaccines.

**If you have symptoms that are severe, last longer than 2-3 days, or get worse, you should call your primary care provider to be evaluated, and you might need testing for COVID-19.** The COVID-19 vaccines can't give you COVID-19, but you could have been infected before, or soon after vaccination before the vaccine had a chance to work. If you don't have a healthcare provider, go to your local emergency department, urgent care center, or local community health clinic (please call ahead).

**Serious reactions are rare, but can happen with any vaccine,** even hours after a vaccine is given. So if you have serious symptoms (like chest pains, a hard time breathing, face or throat swelling, a bad rash or hives, not thinking clearly, or any other concerning symptoms) you should get medical attention right away or call 9-1-1.

**You will need to get a second shot of the same vaccine you got today to be sure to be protected from COVID-19.** If you signed up in the Vaccine Management System, or enrolled with CDC's v-safe smartphone tool, you will get a message reminding you to schedule the second shot. You also got a "COVID-19 Vaccine Record Card" to help you remember when you need to have your second dose. Please mark this on your calendar so you don't forget to get your second dose!

**Thank you again for doing your part to stop the spread of COVID-19.** If you have questions or concerns about the vaccine, or experience any concerning side effects, please talk with your primary care provider. Other vaccine and COVID-19 information is on our website: [www.nh.gov/covid19](http://www.nh.gov/covid19).

## Pre-Registration Screening Questionnaire

Q#	Screening Question	Action To Be Taken
1.	<p>Have you ever had a <b>severe life-threatening allergic reaction*</b> (like anaphylaxis) to a prior dose of the <b>Pfizer-BioNTech</b> COVID-19 vaccine, or any ingredients in the vaccine (which includes polyethylene glycol)?</p> <p><b>OR</b></p> <p>Have you ever had an <b>allergic reaction of any severity</b> within 4 hours after receiving a prior dose of the <b>Pfizer-BioNTech</b> COVID-19 vaccine or any ingredients in the vaccine (which includes polyethylene glycol)?</p> <p><b>Ingredients in the Pfizer-BioNTech Vaccine include:</b></p> <ul style="list-style-type: none"> <li>• Messenger RNA (mRNA)</li> <li>• Lipids: <ul style="list-style-type: none"> <li>○ (4-hydroxybutyl)azanediylbis(hexane-6,1-diyl)bis(2-hexyldecanoate)</li> <li>○ 2[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide</li> <li>○ 1,2-distearoyl-sn-glycero-3-phosphocholine</li> <li>○ Cholesterol</li> </ul> </li> <li>• Potassium chloride</li> <li>• Monobasic potassium phosphate</li> <li>• Sodium chloride</li> <li>• Dibasic sodium phosphate dihydrate</li> <li>• Sucrose</li> </ul>	
	➤ <b>YES</b>	Do NOT give the Pfizer-BioNTech or Moderna vaccine.
	➤ <b>NO</b>	Proceed to Question #2
2.	<p>Have you ever had a <b>severe life-threatening allergic reaction*</b> (like anaphylaxis) to a prior dose of the <b>Moderna</b> COVID-19 vaccine, or any ingredients in the vaccine (which includes polyethylene glycol)?</p> <p><b>OR</b></p> <p>Have you ever had an <b>allergic reaction of any severity</b> within 4 hours after receiving a prior dose of the <b>Moderna</b> COVID-19 vaccine or any ingredients in the vaccine (which includes polyethylene glycol)?</p> <p><b>Ingredients in the Moderna Vaccine include:</b></p> <ul style="list-style-type: none"> <li>• Messenger RNA (mRNA)</li> <li>• Lipids: <ul style="list-style-type: none"> <li>○ SM-102 (proprietary to Moderna)</li> <li>○ Polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG]</li> <li>○ 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]</li> <li>○ Cholesterol</li> </ul> </li> <li>• Tromethamine</li> <li>• Tromethamine hydrochloride</li> <li>• Acetic acid</li> <li>• Sodium acetate</li> <li>• Sucrose</li> </ul>	
	➤ <b>YES</b>	Do NOT give the Moderna or Pfizer-BioNTech vaccine.
	➤ <b>NO</b>	Proceed to Question #3
3.	<p>Have you ever had an <b>allergic reaction of any severity</b> within 4 hours after receiving polysorbate? <i>(Note: polysorbate is structurally similar to polyethylene glycol, which is an ingredient in both the Pfizer-BioNTech and Moderna mRNA COVID-19 vaccines. So someone with a polysorbate allergy may be at greater risk for having an allergic reaction to one of these COVID-19 vaccines.)</i></p>	
	➤ <b>YES</b>	Do NOT give the Moderna or Pfizer-BioNTech vaccine.
	➤ <b>NO</b>	Proceed to Question #4
4.	Have you ever had a <b>severe life-threatening allergic reaction*</b> (like anaphylaxis) to anything (including other	

	<b>medications, food, substances, environmental exposures, etc.)?</b> <b>OR</b> <b>Have you ever had an allergic reaction of any severity within 4 hours after receiving another vaccine or injectable medication therapy (including medication injections into a vein, muscle, or under the skin)?</b>	
	➤ YES	Person can schedule vaccination, but recommend person first discuss their allergy history, and potential risks and benefits of the vaccine with their primary care provider. Provide person with <i>"Information about the COVID-19 Vaccine for Persons with Certain Health Conditions"</i> . When they receive the vaccine, they will be observed for 30 minutes after vaccination.
	➤ NO	Proceed to Question #5
<b>5.</b>	<b>Have you received a passive antibody therapy to treat COVID-19 in the previous 90 days (this includes convalescent plasma and monoclonal antibodies, such as bamlanivimab and casirivimab/imdevimab)?</b> <b>(Note: COVID-19 vaccines should not be given for at least 90 days after a person received a passive antibody therapy as treatment of COVID-19 to avoid the possibility of the antibody therapy interfering with the vaccine.)</b>	
	➤ YES	Do NOT schedule vaccination until 90 days have passed from time of passive antibody therapy.
	➤ NO	Proceed to Question #6
<b>6.</b>	<b>Have you received another un-related vaccine (e.g., influenza) in the previous 14 days?</b> <b>(Note: the COVID-19 vaccine should be given alone and at least 14 days separate from other vaccines.)</b> <b>➤ If Yes, what was the date of your last vaccination with another vaccine? (Enter Date)</b>	
	➤ YES	Do NOT schedule vaccination until 14 days have passed from time of other vaccination(s).
	➤ NO	Proceed to Question #7
<b>7.</b>	<b>Are you severely immunocompromised** (is your immune system weakened and not working properly)?</b>	
	➤ YES	Person can schedule vaccination, but recommend person first discusses immunosuppressive condition, and potential risks and benefits of the vaccine with the provider managing their condition. Provide person with <i>"Information about the COVID-19 Vaccine for Persons with Certain Health Conditions"</i> .
	➤ NO	Proceed to Question #8
<b>8.</b>	<b>Are you currently pregnant?</b>	
	➤ YES	Person can schedule vaccination, but recommend person first discuss pregnancy, and potential risks and benefits of the vaccine with their obstetrics provider. Provide person with <i>"Information about the COVID-19 Vaccine for Persons with Certain Health Conditions"</i> .
	➤ NO	End

\* Severe life-threatening allergic reactions include symptoms of anaphylaxis such as swelling of your face, lips/tongue, or throat; wheezing or difficulty breathing; sudden loss of blood pressure, etc. and need to be given epinephrine.

\*\* Severely immunocompromised conditions include being on chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with a CD4 lymphocyte count of less than 200, primary immunodeficiency disorder, high levels of steroids (e.g., receipt of greater than 20 mg of prednisone per day for more than 14 days), etc.



## Information about the COVID-19 Vaccine for Persons with Certain Health Conditions

The COVID-19 vaccine is safe. But there are some people who should not get the vaccine and others who should talk with their health care provider before being vaccinated. If you are getting this information, it is because we believe you may benefit from talking further with your health care provider before receiving the vaccine, just to be safe.

**If you have ever had a severe allergic reaction to anything (including medications, foods, substances, environmental exposures, etc.), or any type of allergic reaction within four hours after receiving another vaccine or injectable medication therapy (including injections into a vein, muscle, or under the skin), you should talk about the COVID-19 vaccine and your allergy history with your primary care provider.** Severe and sudden onset allergic reactions (for example, anaphylaxis) can include life-threatening symptoms like swelling of your face, lips/tongue, or throat; wheezing or difficulty breathing; sudden loss of blood pressure; shock; and other serious symptoms that usually require a person be given epinephrine (e.g., an EpiPen injection) and go to a hospital. Any medicine or vaccine can cause an allergic reaction, but the studies that have looked at the safety and effectiveness of the new COVID-19 vaccines found that serious allergic reactions did not happen very often. Since the vaccines have started to be used in public, however, there have been some rare reports of severe allergic reactions occurring in people receiving a COVID-19 vaccine. It is not known if you are more likely to have an allergic reaction to the COVID-19 vaccine because of your past allergic reactions. Therefore, it is recommended that you talk about your allergy history with your primary care provider to better understand the circumstances of your past allergic reactions. You always have the option of putting off the COVID-19 vaccine until there is a different vaccine, or until we better understand the risks to people with past allergic reactions. After discussing with your primary care provider, if you decide you want the vaccine (or if you decide you want the vaccine and don't want to discuss with your primary care provider), we will still give you the vaccine, but we will monitor you after vaccination for 30 minutes to make sure you don't have an immediate reaction to the vaccine.

**If you have a severely compromised immune system (e.g., due to chemotherapy, an organ transplant, or other medical condition that makes your immune system not work properly), you should talk about the potential risks and benefits of the COVID-19 vaccine with your health care**

**provider who is managing your immune condition.** While we don't expect there to be safety issues with you receiving the vaccine, we don't yet have information about the safety and effectiveness of the vaccine in people with severely compromised immune systems. If you receive the COVID-19 vaccine, it may not work as well for you because your immune system may not be able to create a strong response. So you will need to continue to take steps to protect yourself even after vaccination.

**If you are currently pregnant, we ask that you talk about the risks and benefits of the vaccine with your pregnancy health care provider.** The new COVID-19 vaccines have not been studied in pregnant women, so we don't have a lot of information on their safety and effectiveness during pregnancy. However, because these mRNA COVID-19 vaccines do NOT contain live-virus, and because the viral mRNA particles break down quickly in your body after they're used to create an immune response, we think the risk of the vaccine to you and your unborn baby is low. We also know that actual infection with the novel coronavirus while you are pregnant can increase your risk of severe illness that could result in hospitalization, ICU admission, or even death. And COVID-19 might put you at increased risk of bad pregnancy outcomes, like preterm birth. Therefore, we think that pregnant women would benefit from COVID-19 vaccination, but we ask that you discuss this with your pregnancy provider who knows you and your baby the best. There is also more information available at the CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html>.

After discussing any above conditions with your health care provider, we will gladly schedule you to receive the COVID-19 vaccine if you and your provider agree with vaccination. We just want to make sure you have the opportunity to discuss the COVID-19 vaccine with your trusted health care provider and are able to make the right decision for your health.

## Pre-Vaccination Screening Checklist (For Vaccinators)

This screening checklist is to help vaccinators identify important information entered into a person's Pre-Vaccination Questionnaire in the Vaccine Management System (VMS), which may impact the ability of a person to receive the vaccine, affect vaccine selection or management of a person after vaccination, or to ensure a vaccine recipient is connected with important information so they can make an informed decision about receiving the COVID-19 vaccine.

**Review vaccine recipient (VR) information in the VMS and verify information with VR, if necessary, prior to vaccination:**

- ☐ Is the VR feeling sick today?
  - Moderate or Severe Illness: vaccination should be delayed for any person with moderate or severe acute illness until their illness has improved (this is a "precaution" to vaccination).
  - Symptoms of COVID-19: A person with any new or unexplained [symptoms of COVID-19](#) (even mild cold symptoms) should be declined vaccination, instructed to isolate at home, and seek testing for COVID-19 (person should be screened for symptoms of COVID-19 before reaching the vaccinator).
- ☐ Has the VR previously received a dose of the COVID-19 vaccine? If yes, which one?
  - If vaccine recipient is receiving their second dose of the COVID-19 vaccine, it should be with the same brand/manufacturer as their first dose. If vaccine recipient has already received two doses in the past, do not give any further doses.
- ☐ Does the VR have a history of a severe allergic reaction\* (e.g., anaphylaxis) to a previous dose of a COVID-19 vaccine, or to any ingredient in the vaccines?
  - Do NOT give either the Pfizer-BioNTech or Moderna COVID-19 vaccine.
- ☐ Does the VR have a history of an immediate allergic reaction of any severity (reaction within 4 hours) after receiving a previous dose of a COVID-19 vaccine or any ingredient in the vaccines?
  - Do NOT give either the Pfizer-BioNTech or Moderna COVID-19 vaccine.
- ☐ Does the VR have a history of an immediate allergic reaction of any severity (reaction within 4 hours) after receiving polysorbate? (Note: there can be a cross-reactive hypersensitivity between polysorbate and polyethylene glycol, which is an ingredient in both mRNA COVID-19 vaccines.)
  - Do NOT give either the Pfizer-BioNTech or Moderna COVID-19 vaccine.
- ☐ Does the VR have a history of an immediate allergic reaction of any severity (reaction within 4 hours) after receiving another vaccine or injectable medication therapy (including injection into a vein, muscle, or under the skin)?

**OR**

Does the VR have a history of a severe allergic reaction\* (e.g., anaphylaxis) to anything (including other medications, foods, substances, environmental exposures, etc.)?

- Vaccine may be given, but ensure vaccine recipient was provided, and had the opportunity to review, the *"Information about the COVID-19 Vaccine for Persons with Certain Health Conditions."* It is recommended that the VR discuss their allergy history and receiving the COVID-19 vaccine with their primary care provider before vaccination. Inform vaccine recipient about unknown risks of developing a severe allergic reaction to the COVID-19 vaccine. Vaccine recipient must be monitored for at least 30 minutes after vaccination.

☐ Does the VR have a bleeding disorder or is VR taking a blood thinner?

- Vaccine may be given, but use a fine-gauge needle (23 gauge or smaller caliber), followed by firm pressure on the site (without rubbing) for at least 2 minutes.

☐ Has VR received a passive antibody therapy to treat COVID-19 in the last 90 days (passive antibody therapy includes convalescent plasma and monoclonal antibodies, such as bamlanivimab and casirivimab/imdevimab)?

- Vaccination should be deferred for at least 90 days after receipt of a passive antibody therapy for treatment for COVID-19. This is a precautionary measure to avoid interference of the antibody treatment with the vaccine-induced immune response.

☐ Is the VR severely immunocompromised?\*\*

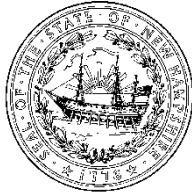
- Vaccine may be given, but ensure vaccine recipient was provided, and had the opportunity to review, the *"Information about the COVID-19 Vaccine for Persons with Certain Health Conditions."* Inform vaccine recipient of the unclear risks because COVID-19 vaccines haven't been extensively studied in people with severely compromised immune systems, and the vaccine may be less effective due to their immune system. If questions or concerns, recommend they discuss with their health care provider managing their immune condition before vaccination.

☐ Is the VR currently pregnant?

- Vaccine may be given, but ensure vaccine recipient was provided, and had the opportunity to review, the *"Information about the COVID-19 Vaccine for Persons with Certain Health Conditions."* Inform vaccine recipient of the unclear risks because COVID-19 vaccines haven't been extensively studied in pregnant women, but CDC believes the risk is low, and pregnant women will likely benefit from vaccination. If the person has questions or concerns, recommend they discuss with their obstetrics provider before vaccination.

\* Severe life-threatening allergic reactions include symptoms such as swelling of your face, lips/tongue, or throat; wheezing or difficulty breathing; sudden loss of blood pressure, etc. and need to be given epinephrine.

\*\* Severely immunocompromised conditions include being on chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with a CD4 lymphocyte count of less than 200, primary immunodeficiency disorder, high levels of steroids (e.g., receipt of prednisone >20 mg/day for more than 14 days), etc.



Lori A. Shibinette  
Commissioner

Lisa M. Morris  
Director

**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
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**Standing Order for**  
**Administering the Pfizer-BioNTech COVID-19 Vaccine**

**PURPOSE:** To reduce the burden of disease and associated morbidity and mortality from Coronavirus Disease 2019 (COVID-19) by vaccinating persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

**POLICY:** This standing order enables eligible healthcare professionals to assess and vaccinate persons who meet the criteria outlined below and are seeking COVID-19 vaccination through the New Hampshire Department of Health & Human Services' State-managed COVID-19 vaccine clinics without the need for clinician examination or direct order from the attending provider at the time of the interaction.

**PROCEDURE:**

1. Follow the *"Interim Guidance for NH State-Managed COVID-19 Vaccination Clinics"*.
2. **Identify the following individuals for vaccination:** Any person 16 years of age or older without a contraindication to vaccination, and who has not already received two prior doses of a COVID-19 vaccine. If administering COVID-19 vaccine dose #2, the same brand/manufacturer should be administered that the person received for dose #1, and doses of the Pfizer-BioNTech COVID-19 vaccine should be separated by at least 21 days (second doses given between day 17 and 21 after the first dose are considered valid, but should not be routine). If more than 21 days have elapsed since the first dose, the second dose should be given as soon as possible.
3. **Screen for any contraindications or precautions to vaccination (refer to the *"Pre-Vaccination Screening Checklist"* for vaccinators).**

**Contraindications:** Do NOT give the Pfizer-BioNTech COVID-19 vaccine to any person who has a history of any of the following: 1.) a severe allergic reaction (e.g., anaphylaxis) to a previous dose of an mRNA COVID-19 vaccine or any of its components (either the Pfizer-BioNTech or Moderna vaccine); 2.) an immediate allergic reaction of any severity (reaction within 4 hours) after receipt of a previous dose of an mRNA COVID-19 vaccine or any of its components (either the Pfizer-BioNTech or Moderna vaccine); 3.) an immediate allergic reaction of any severity (reaction within 4 hours) after receipt of polysorbate (due to potential cross-reactive hypersensitivity with polyethylene glycol, which is an ingredient in both mRNA COVID-19 vaccines).

**Precautions:**

- **History of an immediate allergic reaction of any severity (reaction within 4 hours) after receiving another vaccine or injectable medication therapy (including intramuscular, intravenous, or subcutaneous injections), and which does not meet criteria as a contraindication to vaccination:** Vaccine may be given, but ensure the vaccine recipient was provided, and had the opportunity to review, the *“Information about the COVID-19 Vaccine for Persons with Certain Health Conditions.”* It is recommended that the VR discuss their allergy history and receiving the COVID-19 vaccine with their primary care provider before vaccination. Inform the vaccine recipient about unknown risks of developing a severe allergic reaction to the COVID-19 vaccine. Vaccine recipient must be monitored for 30 minutes after vaccination.
- **Moderate or severe acute illness:** Vaccination should be delayed for any person with moderate or severe acute illness until their illness has improved. A person with any new or unexplained [symptoms of COVID-19](#) (even mild cold symptoms) should be declined vaccination, instructed to isolate at home, and seek testing for COVID-19 (person should be screened for symptoms of COVID-19 before reaching vaccinator).

**4. Screen for other health conditions listed below (refer to the *“Pre-Vaccination Screening Checklist”* for vaccinators).**

- **Severe allergic reaction (e.g., anaphylaxis) to anything (e.g., medications, food, environmental exposures, etc.):** Vaccine may be given, but ensure the vaccine recipient was provided, and had the opportunity to review, the *“Information about the COVID-19 Vaccine for Persons with Certain Health Conditions.”* It is recommended that the VR discuss their allergy history and receiving the COVID-19 vaccine with their primary care provider before vaccination. Inform the vaccine recipient about unknown risks of developing a severe allergic reaction to the COVID-19 vaccine. Person must be monitored for 30 minutes after vaccination.
- **Receipt of passive antibody therapy as treatment for COVID-19 (e.g., convalescent plasma or monoclonal antibody therapy) in the prior 90 days:** Vaccination should be deferred for at least 90 days after receipt of a passive antibody therapy for treatment for COVID-19. This is a precautionary measure to avoid interference of the antibody treatment with the vaccine-induced immune response.
- **Pregnancy:** Vaccine may be given, but ensure vaccine recipient was provided, and had the opportunity to review, the *“Information about the COVID-19 Vaccine for Persons with Certain Health Conditions.”* Inform vaccine recipient of the unclear risks because COVID-19 vaccines haven’t been extensively studied in pregnant women, but CDC believes the risk is low and pregnant women will likely benefit from vaccination.

- **Severe Immunosuppression:** Vaccine may be given, but ensure vaccine recipient was provided, and had the opportunity to review, the *“Information about the COVID-19 Vaccine for Persons with Certain Health Conditions.”* Inform vaccine recipient of the unclear risks because COVID-19 vaccines haven’t been extensively studied in people with severely compromised immune systems, and the vaccine may be less effective due to their immune system.
- **Bleeding disorder or taking blood thinner:** Vaccine may be given, but use a fine-gauge needle (23 gauge or smaller caliber), followed by firm pressure on the site (without rubbing) for at least 2 minutes.

5. **Provide required documents listed in the “Interim Guidance for NH State-Managed COVID-19 Vaccination Clinics” (or ensure vaccine recipient has already received the documents):** Provide all vaccine recipients (or, in the case of minors or people with impaired decision making capacity, their parent or legal representative) with a copy of the most current required information (or verify the person, parent/guardian, or legal representative received and had the opportunity to review the information), including, but not limited to, the FDA’s [Fact Sheet for Recipients and Caregivers](#) (for Pfizer-BioNTech COVID-19 vaccine). Fact Sheet translations into other languages can be found on the [FDA’s Pfizer-BioNTech COVID-19 Vaccine Website](#).

6. **Prepare to administer vaccine:** Choose the needle gauge, needle length, and injection site as outlined below. Ensure the multi-dose vials of the Pfizer-BioNTech vaccine have been brought to room temperature and appropriately prepared for administration, as outlined in the FDA’s [Fact Sheet for Healthcare Providers Administering Vaccine](#) (for Pfizer-BioNTech COVID-19 vaccine). Follow manufacturer’s instructions for storing and handling vaccine.

**Adolescents (16-18 years of age):** Use a 1-inch needle (22-25 gauge) and administer in the deltoid muscle of the arm. Alternatively, the anterolateral thigh can also be used.

**Adults (19 years of age and older):** Use needle size, gauge, and injection location as outlined in the table below based on a person’s sex and weight.

Sex and Weight	Needle Gauge	Needle Length	Injection Site
Female or male <130 lbs	22–25	5/8* – 1”	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1”	Deltoid muscle of arm
Female 153–200 lbs	22–25	1 – 1½”	Deltoid muscle of arm
Male 153–260 lbs	22–25	1 – 1½”	Deltoid muscle of arm
Female 200+ lbs	22–25	1½”	Deltoid muscle of arm
Male 260+ lbs	22–25	1½”	Deltoid muscle of arm

\* A 5/8” needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle to the skin.

**7. Administer the Pfizer-BioNTech COVID-19 vaccine as follows:**

- a. Dose #1: Give a 30 microgram dose (i.e., 0.3 mL of vaccine after multi-dose vial is appropriately diluted) by intramuscular (IM) injection.
- b. Dose #2: Give a 30 microgram dose (i.e., 0.3 mL of vaccine after multi-dose vial is appropriately diluted) at least 21 days after dose #1 of the Pfizer-BioNTech vaccine by intramuscular (IM) injection.

**8. Document vaccination:** Document each person's vaccine administration immediately in the Vaccine Management System (VMS) and enter required information.

**9. Give vaccine recipient the required post-vaccination documents listed in the *"Interim Guidance for NH State-Managed COVID-19 Vaccination Clinics"*** (including the *"COVID-19 Vaccine Record Card"* and *"After Visit Summary (AVS) and Recommendations for Vaccine Recipients"*).

**10. Be prepared to manage medical emergencies:** Be prepared to manage medical emergencies related to the administration of vaccine by following the emergency medical protocols (*"Medical Management of Vaccine Reactions"*). To prevent syncope, vaccinate patients while they are seated. Observe vaccine recipient for at least 15 minutes after vaccination; persons with a history of severe allergic reaction (e.g., anaphylaxis) to anything should be observed for 30 minutes after vaccination.

**11. Report adverse events to VAERS:** Report adverse events following administration of vaccine to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or online at <https://vaers.hhs.gov/reportevent.html>.

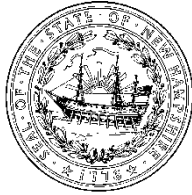
**Standing Order Authorization for Pfizer-BioNTech COVID-19 Vaccine Administration**

This policy and procedure shall remain in effect for all vaccine recipients of the **NH State-Managed COVID-19 Vaccine Clinic**, and is effective **1/4/2021** until rescinded, replaced, or until **6/30/2021**.

Updates to vaccination guidance and this standing order may occur. Therefore, this current order supersedes any previous standing orders for administration of the Pfizer-BioNTech vaccine.

Medical Director Signature/Date: \_\_\_\_\_ / **1/4/2021**





Lori A. Shibinette  
Commissioner

Lisa M. Morris  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*DIVISION OF PUBLIC HEALTH SERVICES*

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## Standing Order for Administering the Moderna COVID-19 Vaccine

**PURPOSE:** To reduce the burden of disease and associated morbidity and mortality from Coronavirus Disease 2019 (COVID-19) by vaccinating persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

**POLICY:** This standing order enables eligible healthcare professionals to assess and vaccinate persons who meet the criteria outlined below and are seeking COVID-19 vaccination through the New Hampshire Department of Health & Human Services' State-managed COVID-19 vaccine clinics without the need for clinician examination or direct order from the attending provider at the time of the interaction.

**PROCEDURE:**

1. Follow the *"Interim Guidance for NH State-Managed COVID-19 Vaccination Clinics"*.
2. **Identify the following individuals for vaccination:** Any person 18 years of age or older without a contraindication to vaccination, and who has not already received two prior doses of a COVID-19 vaccine. If administering COVID-19 vaccine dose #2, the same brand/manufacturer should be administered that the person received for dose #1, and doses of the Moderna COVID-19 vaccine should be separated by at least 28 days (second doses given between day 24 and 28 after the first dose are considered valid, but should not be routine). If more than 28 days have elapsed since the first dose, the second dose should be given as soon as possible.
3. **Screen for any contraindications or precautions to vaccination (refer to the *"Pre-Vaccination Screening Checklist"* for vaccinators).**

**Contraindications:** Do NOT give the Moderna COVID-19 vaccine to any person who has a history of any of the following: 1.) a severe allergic reaction (e.g., anaphylaxis) to a previous dose of an mRNA COVID-19 vaccine or any of its components (either the Pfizer-BioNTech or Moderna vaccine); 2.) an immediate allergic reaction of any severity (reaction within 4 hours) after receipt of a previous dose of an mRNA COVID-19 vaccine or any of its components (either the Pfizer-BioNTech or Moderna vaccine); 3.) an immediate allergic reaction of any severity (reaction within 4 hours) after receipt of polysorbate (due to potential cross-reactive hypersensitivity with polyethylene glycol, which is an ingredient in both mRNA COVID-19 vaccines).

**Precautions:**

- **History of an immediate allergic reaction of any severity (reaction within 4 hours) after receiving another vaccine or injectable medication therapy (including intramuscular, intravenous, or subcutaneous injections), and which does not meet criteria as a contraindication to vaccination:** Vaccine may be given, but ensure the vaccine recipient was provided, and had the opportunity to review, the *“Information about the COVID-19 Vaccine for Persons with Certain Health Conditions.”* It is recommended that the VR discuss their allergy history and receiving the COVID-19 vaccine with their primary care provider before vaccination. Inform the vaccine recipient about unknown risks of developing a severe allergic reaction to the COVID-19 vaccine. Vaccine recipient must be monitored for 30 minutes after vaccination.
- **Moderate or severe acute illness:** Vaccination should be delayed for any person with moderate or severe acute illness until their illness has improved. A person with any new or unexplained [symptoms of COVID-19](#) (even mild cold symptoms) should be declined vaccination, instructed to isolate at home, and seek testing for COVID-19 (person should be screened for symptoms of COVID-19 before reaching vaccinator).

**4. Screen for other health conditions listed below (refer to the *“Pre-Vaccination Screening Checklist”* for vaccinators).**

- a. **Severe allergic reaction (e.g., anaphylaxis) to anything (e.g., medications, food, environmental exposures, etc.):** Vaccine may be given, but ensure the vaccine recipient was provided, and had the opportunity to review, the *“Information about the COVID-19 Vaccine for Persons with Certain Health Conditions.”* It is recommended that the VR discuss their allergy history and receiving the COVID-19 vaccine with their primary care provider before vaccination. Inform the vaccine recipient about unknown risks of developing a severe allergic reaction to the COVID-19 vaccine. Person must be monitored for 30 minutes after vaccination.
- b. **Receipt of passive antibody therapy as treatment for COVID-19 (e.g., convalescent plasma or monoclonal antibody therapy) in the prior 90 days:** Vaccination should be deferred for at least 90 days after receipt of a passive antibody therapy for treatment for COVID-19. This is a precautionary measure to avoid interference of the antibody treatment with the vaccine-induced immune response.
- c. **Pregnancy:** Vaccine may be given, but ensure vaccine recipient was provided, and had the opportunity to review, the *“Information about the COVID-19 Vaccine for Persons with Certain Health Conditions.”* Inform vaccine recipient of the unclear risks because COVID-19 vaccines haven’t been extensively studied in pregnant women, but CDC believes the risk is low and pregnant women will likely benefit from vaccination.

- d. **Severe Immunosuppression:** Vaccine may be given, but ensure vaccine recipient was provided, and had the opportunity to review, the *“Information about the COVID-19 Vaccine for Persons with Certain Health Conditions.”* Inform vaccine recipient of the unclear risks because COVID-19 vaccines haven’t been extensively studied in people with severely compromised immune systems, and the vaccine may be less effective due to their immune system.
- e. **Bleeding disorder or taking blood thinner:** Vaccine may be given, but use a fine-gauge needle (23 gauge or smaller caliber), followed by firm pressure on the site (without rubbing) for at least 2 minutes.

5. **Provide required documents listed in the “Interim Guidance for NH State-Managed COVID-19 Vaccination Clinics” (or ensure vaccine recipient has already received the documents):** Provide all vaccine recipients (or, in the case of minors or people with impaired decision making capacity, their parent or legal representative) with a copy of the most current required information (or verify the person, parent/guardian, or legal representative received and had the opportunity to review the information), including, but not limited to, the FDA’s [Fact Sheet for Recipients and Caregivers](#) (for Moderna COVID-19 vaccine). Fact Sheet translations into other languages can be found on the [FDA’s Moderna COVID-19 Vaccine Website](#).

6. **Prepare to administer vaccine:** Choose the needle gauge, needle length, and injection site as outlined below. Ensure the multi-dose vials of the Moderna vaccine have been brought to room temperature and appropriately prepared for administration, as outlined in the FDA’s [Fact Sheet for Healthcare Providers Administering Vaccine](#) (for Moderna COVID-19 vaccine). Follow manufacturer’s instructions for storing and handling vaccine.

**Adolescents (16-18 years of age):** Use a 1-inch needle (22-25 gauge) and administer in the deltoid muscle of the arm. Alternatively, the anterolateral thigh can also be used.

**Adults (19 years of age and older):** Use needle size, gauge, and injection location as outlined in the table below based on a person’s sex and weight.

<b>Sex and Weight</b>	<b>Needle Gauge</b>	<b>Needle Length</b>	<b>Injection Site</b>
Female or male <130 lbs	22–25	5/8* – 1”	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1”	Deltoid muscle of arm
Female 153–200 lbs	22–25	1 – 1½”	Deltoid muscle of arm
Male 153–260 lbs	22–25	1 – 1½”	Deltoid muscle of arm
Female 200+ lbs	22–25	1½”	Deltoid muscle of arm
Male 260+ lbs	22–25	1½”	Deltoid muscle of arm

\* A 5/8” needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle to the skin.

**7. Administer the Moderna COVID-19 vaccine as follows:**

- a. Dose #1: Give a 100 microgram dose (i.e., 0.5 mL of vaccine) by intramuscular (IM) injection.
- b. Dose #2: Give a 100 microgram dose (i.e., 0.5 mL of vaccine) at least 28 days after dose #1 of the Moderna vaccine by intramuscular (IM) injection.

**8. Document vaccination:** Document each person's vaccine administration immediately in the Vaccine Management System (VMS) and enter required information.

**9. Give vaccine recipient the required post-vaccination documents listed in the *"Interim Guidance for NH State-Managed COVID-19 Vaccination Clinics"*** (including the *"COVID-19 Vaccine Record Card"* and *"After Visit Summary (AVS) and Recommendations for Vaccine Recipients"*).

**10. Be prepared to manage medical emergencies:** Be prepared to manage medical emergencies related to the administration of vaccine by following the emergency medical protocols (*"Medical Management of Vaccine Reactions"*). To prevent syncope, vaccinate patients while they are seated. Observe vaccine recipient for at least 15 minutes after vaccination; persons with a history of severe allergic reaction (e.g., anaphylaxis) to anything should be observed for 30 minutes after vaccination.

**11. Report adverse events to VAERS:** Report adverse events following administration of vaccine to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or online at <https://vaers.hhs.gov/reportevent.html>.

**Standing Order Authorization for Moderna COVID-19 Vaccine Administration**

This policy and procedure shall remain in effect for all vaccine recipients of the **NH State-Managed COVID-19 Vaccine Clinic**, and is effective **1/4/2021** until rescinded, replaced, or until **6/30/2021**. Updates to vaccination guidance and this standing order may occur. Therefore, this current order supersedes any previous standing orders for administration of the Moderna vaccine.

Medical Director Signature/Date: \_\_\_\_\_ / **1/4/2021**

# Medical Management of Vaccine Reactions in Adults

All vaccines have the potential to cause an adverse reaction. In order to minimize adverse reactions, patients should be carefully screened for precautions and contraindications before vaccine is administered (see [www.immunize.org/catg.d/p3072.pdf](http://www.immunize.org/catg.d/p3072.pdf), guidance in provided clinic protocols, and vaccine standing orders). Even with careful screening, reactions may occur. These reactions can vary from minor (e.g., soreness, itching) to severe and life threatening (e.g., anaphylaxis). Vaccine providers should be familiar with identifying allergic reactions, including anaphylaxis, and must be competent in managing these vaccine events at the site of vaccine administration. Providers should also have a plan in place to immediately contact emergency medical services (EMS) in the event of a severe vaccine reaction. Maintenance of the airway, oxygen administration, and administration of intravenous medications might be necessary. The table below describes procedures to follow if various reactions occur.

REACTION	SIGNS and SYMPTOMS	MANAGEMENT
<b>Localized</b>	Soreness, redness, itching, or swelling at the injection site	Apply a cold compress to the injection site. Consider giving an analgesic (pain reliever) or antipruritic (anti-itch) medication.
	Slight bleeding	Apply pressure and an adhesive compress over the injection site.
	Continuous bleeding	Place thick layer of gauze pads over site and maintain direct and firm pressure; raise the bleeding injection site (e.g., arm) above the level of the patient's heart.
<b>Psychological fright and syncope (fainting)</b>	Fright before injection is given	Have patient sit or lie down for the vaccination.
	Patient feels "faint" or has paleness, sweating, nausea, lightheadedness, dizziness, weakness, or visual disturbances	Have patient lie flat. Loosen any tight clothing and maintain an open airway. Apply cool, damp cloths to patient's face and neck. Keep them under close observation until full recovery.
	Fall, without loss of consciousness	Examine the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated.
	Loss of consciousness	Check the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated. Call 911 if patient does not recover immediately.
<b>Anaphylaxis</b>	<b>Skin and mucosal symptoms</b> such as generalized hives, itching, or flushing; swelling of lips, face, throat, or eyes. <b>Respiratory symptoms</b> such as change in voice, sensation of throat closing, stridor, shortness of breath, wheeze, or cough. <b>Gastrointestinal symptoms</b> such as nausea, vomiting, diarrhea, cramping abdominal pain. <b>Cardiovascular symptoms</b> such as collapse, dizziness, tachycardia, hypotension.	See "Emergency Medical Protocol for Management of Anaphylactic Reactions in Adults" on the next page for detailed steps to follow in treating anaphylaxis.

## Suggested medications for a community immunization clinic

### First-line medication

- **Epinephrine** aqueous solution 1.0 mg/mL (1:1,000 dilution), in ampules, vials of solution, or prefilled syringes, including epinephrine autoinjectors (e.g., EpiPen and Auvi-Q). If autoinjectors are stocked, at least three should be available at all times (both pediatric and adult formulations).

### Optional medication: H<sub>1</sub> antihistamines

- **Diphenhydramine** (e.g., Benadryl) oral 12.5 mg/5 mL liquid, 25 or 50 mg capsules/tablets.

## Suggested supplies for a community immunization clinic

- Syringes (1 and 3 cc) and needles (22 and 25 g, 1", 1½", and 2") for epinephrine. For ampules, use filtered needles.
- Alcohol wipes
- Tourniquet
- Pediatric and adult airways (small, medium, and large)
- Pediatric and adult size pocket mask with one-way valve
- Oxygen (if available)
- Stethoscope
- Sphygmomanometer (blood pressure measuring device) with child, adult, and extra-large cuff sizes
- Tongue depressors
- Flashlight with extra batteries (for examination of the mouth and throat)
- Wrist watch with a second hand or other timing device
- Cell phone or access to onsite phone

## Emergency Medical Protocol for Management of Anaphylactic Reactions in Adults

1. If itching and swelling are confined to the injection site where the vaccination was given, observe patient closely for the development of generalized symptoms.
2. If symptoms are generalized, activate the emergency medical system (i.e., call 911). This should be done by a second person, while the primary healthcare professional assesses the airway, breathing, circulation, and level of consciousness of the patient. Vital signs should be monitored continuously.
3. **Drug dosing information: The first-line and most important therapy in anaphylaxis is epinephrine. There are NO absolute contraindications to epinephrine in the setting of anaphylaxis.**
  - a. **First-line treatment:** Use **epinephrine** 1.0 mg/mL aqueous solution (1:1,000 dilution). Administer 0.01 mg/kg per dose intramuscularly (adult dose ranges from 0.2 mg to 0.5 mg; maximum single dose is 0.5 mg). Prefilled autoinjector use is preferred. Repeat every 5-15 minutes in the absence of clinical improvement. Administration should preferably occur in the mid-outer thigh; administer through clothing if necessary. Follow manufacturer instructions for autoinjector use – hold the device/needle in the thigh for at least 3 seconds. Never re-insert needle. Do not administer repeated injections at the same site.
  - b. **Optional treatment: H<sub>1</sub> antihistamines** – for hives or itching use **diphenhydramine**. Administer 25 mg orally every 4–6 hours or 50 mg every 6-8 hours (maximum single dose is 50 mg). H<sub>1</sub> antihistamines do NOT relieve upper or lower airway obstruction, hypotension, or shock.
4. Monitor the patient closely until EMS arrives. Perform cardiopulmonary resuscitation (CPR), if necessary, and maintain airway. Keep patient in supine position (flat on back) unless he or she is having breathing difficulty. If breathing is difficult, patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs. Monitor blood pressure and pulse at least every 5 minutes.
5. If EMS has not arrived and symptoms are still present, repeat dose of epinephrine every 5–15 minutes for up to 3 doses, depending on patient's response.
6. Record the patient's reaction (e.g., hives, anaphylaxis) to the vaccine, all vital signs, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information. Report the incident to the Vaccine Adverse Event Reporting System (VAERS).
7. Notify the patient's primary care physician.

These standing orders for the medical management of vaccine reactions in adult patients shall remain in effect for patients of the

**NH State-Managed Vaccine Clinic** until rescinded, or until **6/30/2021**

Name of Clinic

Date

Medical Director's Signature

**12/22/2020**

Date of Signing

# Medical Management of Vaccine Reactions in Children & Teens

All vaccines have the potential to cause an adverse reaction. In order to minimize adverse reactions, patients should be carefully screened for precautions and contraindications before vaccine is administered (see [www.immunize.org/catg.d/p3072.pdf](http://www.immunize.org/catg.d/p3072.pdf), guidance in provided clinic protocols, and vaccine standing orders). Even with careful screening, reactions may occur. These reactions can vary from minor (e.g., soreness, itching) to severe and life threatening (e.g., anaphylaxis). Vaccine providers should be familiar with identifying allergic reactions, including anaphylaxis, and must be competent in managing these vaccine events at the site of vaccine administration. Providers should also have a plan in place to immediately contact emergency medical services (EMS) in the event of a severe vaccine reaction. Maintenance of the airway, oxygen administration, and administration of intravenous medications might be necessary. The table below describes procedures to follow if various reactions occur.

REACTION	SIGNS and SYMPTOMS	MANAGEMENT
<b>Localized</b>	Soreness, redness, itching, or swelling at the injection site	Apply a cold compress to the injection site. Consider giving an analgesic (pain reliever) or antipruritic (anti-itch) medication.
	Slight bleeding	Apply pressure and an adhesive compress over the injection site.
	Continuous bleeding	Place thick layer of gauze pads over site and maintain direct and firm pressure; raise the bleeding injection site (e.g., arm) above the level of the patient's heart.
<b>Psychological fright and syncope (fainting)</b>	Fright before injection is given	Have patient sit or lie down for the vaccination.
	Patient feels "faint" or has paleness, sweating, nausea, lightheadedness, dizziness, weakness, or visual disturbances	Have patient lie flat. Loosen any tight clothing and maintain an open airway. Apply cool, damp cloth to patient's face and neck. Keep them under close observation until full recovery.
	Fall, without loss of consciousness	Examine the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated.
	Loss of consciousness	Check the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated. Call 911 if patient does not recover immediately.
<b>Anaphylaxis</b>	<b><u>Skin and mucosal symptoms</u></b> such as generalized hives, itching, or flushing; swelling of lips, face, throat, or eyes. <b><u>Respiratory symptoms</u></b> such as change in voice, sensation of throat closing, stridor, shortness of breath, wheeze, or cough. <b><u>Gastrointestinal symptoms</u></b> such as nausea, vomiting, diarrhea, cramping abdominal pain. <b><u>Cardiovascular symptoms</u></b> such as collapse, dizziness, tachycardia, hypotension.	See "Emergency Medical Protocol for Management of Anaphylactic Reactions in Children and Teens" on the next page for detailed steps to follow in treating anaphylaxis.



## Suggested medications for a community immunization clinic

### First-line medication

- **Epinephrine** aqueous solution 1.0 mg/mL (1:1,000 dilution), in ampules, vials of solution, or prefilled syringes, including epinephrine auto injectors (e.g., EpiPen and Auvi-Q). If autoinjectors are stocked, at least three should be available at all times (both pediatric and adult formulations).

### Optional medication: H<sub>1</sub> antihistamines

- **Diphenhydramine** (e.g., Benadryl) oral 12.5 mg/5 mL liquid, 25 or 50 mg capsules/tablets.

## Suggested supplies for a community immunization clinic

- Syringes (1 and 3 cc) and needles (22 and 25 g, 1", 1½", and 2") for epinephrine. For ampules, use filtered needles.
- Alcohol wipes
- Tourniquet
- Pediatric and adult airways (small, medium, and large)
- Pediatric and adult size pocket masks with one-way valve
- Oxygen (if available)
- Stethoscope
- Sphygmomanometer (blood pressure measuring device) with child, adult, and extra-large cuff sizes
- Tongue depressors
- Flashlight with extra batteries (for examination of the mouth and throat)
- Wrist watch with a second hand or other timing device
- Cell phone or access to onsite phone

## Emergency Medical Protocol for Management of Anaphylactic Reactions in Children and Teens

1. If itching and swelling are confined to the injection site where the vaccination was given, observe patient closely for the development of generalized symptoms.
2. If symptoms are generalized, activate the emergency medical system (i.e., call 911). This should be done by a second person, while the primary healthcare professional assesses the airway, breathing, circulation, and level of consciousness of the patient. Vital signs should be monitored continuously.
3. **Drug dosing information: The first-line and most important therapy in anaphylaxis is epinephrine. There are NO absolute contraindications to epinephrine in the setting of anaphylaxis.**
  - a. **First-line treatment:** Use **epinephrine** 1.0 mg/mL aqueous solution (1:1,000 dilution). Administer 0.01 mg/kg per dose intramuscularly (maximum single dose is 0.3 mg in prepubertal children, and 0.5 mg in adolescents); see dosing chart on page 3. Prefilled autoinjector use is preferred, if available for patient age and weight. Repeat dosing every 5-15 minutes in the absence of clinical improvement. Administration should preferably occur in the mid-outer thigh; administer through clothing if necessary. Follow manufacturer instructions for autoinjector use – hold the device/needle in the thigh for at least 3 seconds. Never re-insert needle. Do not administer repeated injections at the same site.
  - b. **Optional treatment: H<sub>1</sub> antihistamines** – for hives or itching use **diphenhydramine**. Administer 1–2 mg/kg of body weight orally every 4-6 hours (maximum single dose is 50 mg, but may be less based on age). See dosing charts on page 3. H<sub>1</sub> antihistamines do NOT relieve upper or lower airway obstruction, hypotension, or shock.
4. Monitor the patient closely until EMS arrives. Perform cardiopulmonary resuscitation (CPR), if necessary, and maintain airway. Keep patient in supine position (flat on back) unless he or she is having breathing difficulty. If breathing is difficult, patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs. Monitor blood pressure and pulse at least every 5 minutes.
5. If EMS has not arrived and symptoms are still present, repeat dose of epinephrine every 5–15 minutes for up to 3 doses, depending on patient's response.
6. Record the adverse event (e.g., hives, anaphylaxis) to the vaccine, all vital signs, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information. Report the incident to the Vaccine Adverse Event Reporting System (VAERS).
7. Notify the patient's primary care physician.

These standing orders for the medical management of vaccine reactions in pediatric patients shall remain in effect for patients of the

**NH State-Managed Vaccine Clinic** until rescinded, or until **6/30/2021**

Name of Facility

Date

Medical Director's Signature

**12/22/2020**

Date of Signing



*For your convenience, approximate dosages based on weight and age are provided in the following charts. Please confirm that you are administering the correct dose for your patient.*

First-Line Treatment: Epinephrine				Epinephrine Dose		
Recommended dose is 0.01 mg/kg body weight up to 0.5 mg maximum dose. May be repeated every 5–15 minutes for a total of 3 doses.		Age group	Range of weight (lbs)	Range of weight (kg)*	1.0 mg/mL aqueous solution (1:1000 dilution); intramuscular. Minimum dose is 0.05 mg	Epinephrine autoinjector (0.1 mg 0.15 mg or 0.3 mg)
	Infants and children	1–6 months	9–19 lbs	4–8.5 kg	0.05 mg (or mL)	Off label
		7–36 months	20–32 lbs	9–14.5 kg	0.1 mg (or mL)	0.1 mg†
		37–59 months	33–39 lbs	15–17.5 kg	0.15 mg (or mL)	0.15 mg/dose
		5–7 years	40–56 lbs	18–25.5 kg	0.2–0.25 mg (or mL)	0.15 mg/dose
		8–10 years	57–76 lbs	26–34.5 kg	0.25–0.3 mg (or mL)	0.15 mg or 0.3 mg/dose
	Teens	11–12 years	77–99 lbs	35–45 kg	0.35–0.4 mg (or mL)	0.3 mg/dose
		13 years & older	100+ lbs	46+ kg	0.5 mg (or mL) – max. dose	0.3 mg/dose

**Note:** If body weight is known, then dosing by weight is preferred. If weight is not known or not readily available, dosing by age is appropriate.

\* Rounded weight at the 50th percentile for each age range

† 0.1 mg autoinjector is licensed for use in 7.5 kg to 14 kg infants and children

Optional Treatment: Diphenhydramine				Diphenhydramine Dose	
Commonly known as Benadryl	Age group	Range of weight (lb)	Range of weight (kg)*	Liquid: 12.5 mg/5 mL Tablets: 25 mg or 50 mg	
Recommended dose is 1-2 mg/kg body weight every 4-6 hours	Infants and children	7–36 months	20–32 lbs	9–14.5 kg	10 –15 mg/dose
		37–59 months	33–39 lbs	15–17.5 kg	15–20 mg/dose
		5–7 years	40–56 lbs	18–25.5 kg	20–25 mg/dose
		8–12 years	57–99 lbs	26–45 kg	25–50 mg/dose
	Teens	13 years & older	100+ lbs	46+ kg	50 mg/dose (single dose maximum is 50 mg)

**Note:** If body weight is known, then dosing by weight is preferred. If weight is not known or not readily available, dosing by age is appropriate.

\* Rounded weight at the 50th percentile for each age range

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